



# **TOWN OF FRAMINGHAM**

## **Zoning Board of Appeals**

### **Sign Appeal or Variance Application**

#### **INFORMATION TO APPLICANTS**

All persons intending to erect or alter a sign that requires a permit in accordance with the Sign Bylaw shall first apply to the Sign Officer in the Building and Wiring Department, Room 203. An applicant for a sign permit who is aggrieved by the decision of the Building Commissioner, or a person aggrieved by any refusal, order or decision of the Building Commissioner may within thirty (30) days from the date of such refusal, order or decision, file an appeal and/or a petition for a variance with the ZBA. For the purposes of this Bylaw, an appeal or variance may only be granted by a unanimous vote.

**The Petition for a Sign Variance Application Package shall consist of six (6) copies of the following documents:**

- 1) Application for a hearing. If sign is in the Historic District, a Framingham Historic District Commission certificate needs to be attached to application;
- 2) Denial letter from Building Commissioner;
- 3) A plot plan of the lot indicating the setback of the building from the front curb line or edge of pavement and any other dimensions necessary to determine the size of any proposed sign on the building;
- 4) A scaled drawing showing all dimensions of facades proposed to contain signage and indicating the location and dimensions of the proposed sign and any existing signs;
- 5) Sidewalks, curb cuts and any landscaped or other areas in which a freestanding sign is to be placed clearly showing the location of the sign;
- 6) A scaled drawing of each proposed sign showing all dimensions, colors, lettering, graphics, materials, and type of illumination;
- 7) Photographs of existing buildings and signs, where applicable;
- 8) Information that demonstrates the reasons why relief should be granted; and
- 9) Any additional information the ZBA may require.

The Building Department shall have the authority to waive any of the above submission requirements listed above if they are deemed to be onerous and out of proportion to the scale of the project proposed.

The Abutter Request Form will generate a list of abutters within three hundred (300) feet of the property. This list will be used to send hearing and decision notices pertaining to the signage to abutters. These notices are created and distributed by the ZBA administrative staff.

If you have any questions, please call the ZBA office @ **508-532-5456**.



# Town of Framingham – Zoning Board of Appeals

## Sign Appeal or Variance Application

Applicant's Name:

Telephone:

Applicant's Address:

Location & Street Address of Site (including intersecting streets, adjoining buildings, identifying signs):

Type of Sign:

Record Owner's Name:

Telephone:

Record Owner's Address:

Zoning District:

Town Meeting/Voting Precinct:

Historic District: YES ☐ NO ☐

If yes, Framingham Historic District Commission certificate needs to be attached to application

Framingham Assessors Plan:

Map:

Block:

Lot(s):

Applicant: owner ☐ tenant ☐ or other ☐ please explain:

Nature of application or appeal (Brief explanation of project and permit required):

The undersigned hereby certifies that the information on this application and plans submitted herewith are correct, and that the application complies with all applicable provisions of Statutes, Regulations and Bylaws to the best of his/her knowledge.

Signature of Applicant or Attorney

Date

Telephone

### Record Owner's Knowledge and Consent

Signature of Property Owner

I have received a copy of the Zoning Board of Appeals Information to Applicants

Signature of Applicant

Date

Section of the Sign Bylaw under which the sign application was denied:

Filing Fee: \$250.00

☐ Appeal

☐ Variance

Date Check Received:

Check Number:

Hearing Date (date subject to change):

Filed in the Office of the Town Clerk on:

# Zoning Board of Appeals - Contact Sheet

Location Address: \_\_\_\_\_

## **APPLICANT or Representative**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

## **PROPERTY OWNER** *(if same as Applicant, write: SAME)*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ e-mail: (optional) \_\_\_\_\_

## **ATTORNEY/SIGN COMPANY/OTHER** *(if applicable)*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ e-mail: (optional) \_\_\_\_\_

*To improve efficiency and reduce paper usage, documents will be delivered via email, unless you request otherwise.*

# Zoning Board of Appeals - Treasurer/Collector Form

Location Address: \_\_\_\_\_

Applicant: \_\_\_\_\_

Applicant Address: *(if same as Location, write SAME)* \_\_\_\_\_

\_\_\_\_\_

Property Owner: *(if same as Applicant, write SAME)* \_\_\_\_\_

Property Owner Address: *(if same as Applicant, write SAME)* \_\_\_\_\_

\_\_\_\_\_

List all additional businesses in Framingham owned by Applicant and/or Property Owner:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## THIS PORTION FOR OFFICE USE ONLY

	Current	Past Due	Owner	Applicant
Real Estate	_____	_____	_____	_____
Personal Property	_____	_____	_____	_____
Alarm Billing	_____	_____	_____	_____

Approved \_\_\_\_\_

Denied \_\_\_\_ *(see reason below)*

Carolyn R. Lyons, Treasurer/Collector

Reason for denial \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date Received: \_\_\_\_\_

Date Completed: \_\_\_\_\_

# Zoning Board of Appeals - Financial Disclosure Form

Location Address: \_\_\_\_\_

Please list name and address of all parties with a financial interest in this application and/or property:

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Please disclose any knowledge of dealings (financial or otherwise) that you, or anyone connected with you, may have, now or in the past, to any of the current members of the Zoning Board of Appeals:

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I/we give permission to the Zoning Board members to enter onto the property for this application (*listed above*) to investigate or obtain any information required to make a complete and sound decision. Any such viewing would be conducted between the hours of 8:00 A.M. and 7:00 P.M. and in no event after dusk.

Signature \_\_\_\_\_

Date \_\_\_\_\_



# Town of Framingham

Memorial Building, 150 Concord Street  
Framingham, MA 01702  
(508) 532 - 5415

Board of Assessor's Stamp

## REQUEST FOR ABUTTERS

Date of Request: \_\_\_\_\_

Property owner: \_\_\_\_\_

Property location: \_\_\_\_\_

Property ID: MAP \_\_\_\_\_ BLOCK \_\_\_\_\_ LOT \_\_\_\_\_

Please Specify Radius: 300 feet

Requesting Board/Department: Zoning Board of Appeals

### REQUESTER INFORMATION:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**\*FEE: \$45.00 per list, payment due at time of request. Check is payable to TOWN OF FRAMINGHAM.**

(\* additional fee(s) may apply, if non-standard list is requested)

THE LIST IS VALID FOR 90 DAYS FROM CERTIFICATION DATE. BOARD OF ASSESSORS RESERVES 10 WORKING DAYS TO PROVIDE ALL CERTIFIED LISTS OF ABUTTERS.